

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09874106

FILING DATE
06-04-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
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36	1					
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47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	33	1	1	1		
TOTAL CLAIMS	36					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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53						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						